



State of Nebraska  
Nebraska Commission for the Deaf and Hard of Hearing  
4600 Valley Road, Suite 420  
Lincoln, NE 68510-4844



**Form E: Initial Application – Provisional License**

**Section A — Personal Information:**

1. Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RID Membership Number: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
(Street/Apt. #/P.O. Box/Route)

(City)

(State)

(Zip Code)

4. Home Telephone: \_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. **Submit a copy of one of the following picture IDs:**

☐ Driver's License ☐ Passport ☐ Other: \_\_\_\_\_

7. **Moral Character:**

**Have you ever been convicted of a misdemeanor or felony?** ☐ Yes ☐ No

*If yes, official court records relating to the conviction and disposition must be submitted along with a letter from you explaining your conviction.*

**Have you ever been disciplined, or are currently the subject of any disciplinary action, in any jurisdiction, related to providing interpreting services or adhering to either the RID Code of Ethics or the NAD-RID Code of Professional Conduct?** ☐ Yes ☐ No

*If yes, submit the type of action, date, and name and address of the entity taking such action along with an explanation letter from you.*

**Section B — Eligibility Criteria for Licensing:**

**A copy of your current card or certification will need to be submitted with this application. Check all that apply.**

☐ NAD Interpreter Proficiency Certificate ☐ Level II  
State/Agency Issued From: \_\_\_\_\_

☐ Mid-America QAST — Interpreting ☐ Level II  
State/Agency Issued From: \_\_\_\_\_

☐ Mid-America QAST — Transliterating ☐ Level II  
State/Agency Issued From: \_\_\_\_\_

☐ Other Certification — \_\_\_\_\_  
Granted by: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I am eighteen (18) years of age or older:** ☐ Yes ☐ No

**I have attained a High School diploma/or equivalent:** ☐ Yes ☐ No

Name of Institution Granting the Diploma/Certification: \_\_\_\_\_

Date of Graduation/Program Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section C — Current Interpreting Experience:**

☐ I am currently working as a Sign Language Interpreter at: \_\_\_\_\_

☐ I am **NOT** currently working as a Sign Language Interpreter.

List all the interpreting workshops/courses/programs/assessments that you have attended and passed:

<u>Course Title</u>	<u>Name of Sponsor</u>	<u>Hours</u>	<u>Month/Year Completed</u>

Applicant must submit with the written plan, a copy of transcripts and/or other documentation establishing completion of the above workshops/courses/programs/assessments. Indicate the number of additional pages enclosed: \_\_\_\_\_

**Section D — Goal and Written Plan:**

1. In order to obtain a license to practice interpreting and/or transliterating for deaf or hard of hearing individuals in Nebraska, I plan to obtain the following certification(s)/assessment(s):

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2. In order to obtain the above certification(s)/assessment(s), I plan to accomplish the following:

<b>Type of Instruction</b>	<b>Sponsor</b>	<b>Hours</b>	<b>Expected Completion Date</b>
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**Additional Comments:**

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**Section E — Licensure Fees:**

**Provisional Interpreter or Transliterators License Fee:**

☐ \$50.00 for one year

**Section F — Certification of Applicant:**

I hereby agree that I have knowledge of and comply with the standards set forth in the Regulations Governing the Practice of Interpreting or Transliterating as established by the State of Nebraska and understand the types of misconduct for which disciplinary proceedings may be initiated against me pursuant to said regulations.

I also certify that the preceding information is correct to the best of my knowledge. I agree to follow the NAD-RID Code of Professional Conduct as set forth in section 002 of the Regulations Governing the Practice of Interpreting or Transliterating.

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Signature of Applicant

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Date

Make check or money order payable to: Nebraska Commission for the Deaf and Hard of Hearing  
Send application, all required documents and licensure fee to:

Nebraska Commission for the Deaf and Hard of Hearing  
Attention: Licensing  
4600 Valley Road Ste 420  
Lincoln NE 68510